**Hospital Accreditation in India: Does it affect the quality of hospital websites promoting medical tourism?**

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***Abstract*-** Websites of hospitals act as significant marketing channels for promoting and showing medical destinations, amenities, medical personnel, and the services available. In this study, a cross-sectional analysis of Indian hospitals’ websites is done to examine the association between the status of accreditation and hospital website contents in promoting medical tourism. The hospitals that are promoting medical tourism are categorized into 3 groups: Joint Commission International (JCI) accredited hospitals, National Accreditation Board for Hospitals and Healthcare Providers (NABH) accredited hospitals and non-accredited hospitals, to examine the hospital websites online presence and pursue to plea to the requirements of potential medical tourists. The contents of 96 hospitals’ websites were coded using an ‘ad hoc Codebook’ that has five categories of website information summing to a total of 38 items. The result shows a significant difference in the 3 groups of hospitals. JCI accredited hospitals display most of the information on their websites significantly, followed by NABH accredited hospitals. A high percentage of hospitals need improvement in the areas of admission and medical services follow up through phone calls, email, or real-time chats. The hospital managers can emphasize these areas to improve their website content for promoting medical tourism.

***Keywords*** - Medical tourism, Website analysis, Hospital websites, Hospital accreditation, Indian hospitals

**Acknowledgement:** The authors would like to express their gratitude to Manipal academy of Higher Education for supporting this research.

**Declarations**

**Funding:** Not applicable

**Conflicts of interest:** Authors declare that there is no conflict of interest.

**Introduction**

Medical tourism implicates planned travel outside the natural boundaries within which individuals usually receive health care services to improve their health [1]. Connell defines medical tourism as a process of traveling to overseas destinations to health facilities and services which can be surgical, medical, and/or dental care along with having the leisure of opportunity to pay a visit to the tourist spots of that chosen destination [2]. There are several reasons for people to receive medical attention at foreign destinations. The primary reason is treatments are available at low cost in less developed countries. Other reasons are unobtainability of certain procedures in their home country, privacy along with confidentiality issues, long waiting lists and vacation and tourism. Globalization is one of the key factors in the advancement of health tourism. It has led to the availability of information across the globe, technology transfer, and professional training. All these have led to the expansion of medical tourism [3]. Healthcare being the global market makes it a two-way directional flow of people, both from poor and rich nations in alike way and emerging nations flattered into main destinations where treatments are available at affordable prices [4]. Medical tourism is well-known in Asian countries like Thailand, Singapore, Malaysia, India, Mexico, Jordan, and a few other raising hubs [5]. India ranks fifth in being the most attractive destination for medical tourism globally for foreign direct investments, after Malaysia, Panama, Brazil, and Costa Rica [6]. However, India’s medical tourism positioning is unique as it provides alternative forms of treatment such as Homeopathy, Unani, and Ayurveda treatments [7].

**Accreditation and Medical Tourism**

Though low-cost treatment is a key driver of medical tourism, it cannot be realized by compromising the quality of healthcare services [8]. Accreditation has become a ubiquitous phenomenon in both the national and international healthcare industry as a recognized means of safety and quality. Accreditation is an external evaluation model used by several healthcare accreditation agencies around the world to improve, regulate, and promote health care services. The accreditation status of healthcare establishments helps them to openly recognize that they have met national/international quality criteria [9]. Among accreditation bodies, the most recognized is the “Joint Commission International (JCI)” accreditation. This is the US-based agency that has thorough standards for American hospitals and, the same agency accredits other countries’ hospitals applying those standards. India has its own accreditation body: “National Accreditation Board for Hospitals and Healthcare Providers (NABH)”. Accreditation gives assurance of high standards of quality and safety to the medical tourist. International accreditation serves as a seal of approval to ensure patients receive quality health care services in foreign countries. A country having more accredited facilities or hospitals, tends to create a brand and more foreign patients get attracted to that country. Accredited hospitals can display accreditation symbols or badges on the websites. They act as “kitemark”, assuring product safety to potential medical tourists, and at the same time promotes the health organization’s records [10]. Hence, this study aims to explore the association between accreditation status and hospital website contents that promote medical tourism in India.

**Literature Review**

There is a need for gaining access to ‘medical information’, the information that is necessary for international patients to understand and to trust the medical destinations to avail treatments for their illnesses or any other medical procedures [11]. Information across the globe is available via the internet. The internet is considered as an important source and its usage has increased steadily for seeking information on health for patients and their families [12]. According to Moslehifar, searching for medical information on websites of the hospital is one of the common events on today’s internet, therefore there should be a continuous evaluation of the quality of the information provided on the hospitals’ websites. Many websites suffer due to lack of quality information, lack of ethical, safety, and quality concerns, the omission of facts, poor quality information, the question of honesty and accuracy [13].

Moghavvemi and others conducted an interesting cross-sectional study on accessing and analyzing the content on private hospitals’ websites that promoted health tourism in Malaysia, Thailand, and India. A common observation was drawn among three countries' websites, that is about weak online interactive services and the hospitals’ managers have to work towards improving this feature so that medical tourists can be able to make conservation and seek answers to any questions they have [14]. Indeed, one set of criteria cannot outperform other hospitals’ websites however, it depends on what the user might analyze to increase credibility. It can be ‘usability’ such as ease of navigation, quick links, website appeal, and search capability: ‘content’ such as accuracy and clarity of information, discussions, support system; and ‘reliability’ such as disclaimers and testimonials and adherence to health on the net (HON) codes [15, 16].

Bedell analyzed 47 websites and found that only 5 sites have the best utility. Other websites had distracting advertisement information. Only about 17% of the websites met the criteria of reliability. The study infers that there should be ongoing evaluation about physician’s input and quality measures to allow patients access to reliable information [17]. A study conducted on hospital websites in Kuwait showed that most of the websites promoted their services rather than communicating and engaging with users or patients. It did not provide evidence-based information as well. The study emphasized the need for good construction and regular maintenance of hospital websites [18]. Mihalik and others state that accreditation is like a crucial investment. This is a process of obtaining a badge and thereby, providers advertise the quality awards and participate in benchmarking themselves in their operating health markets [19]. However, not all accreditations are conducted to help in facilitating medical tourism. But we cannot deny the fact that accreditation ensures standard practices, and these mentioned on websites will promote medical tourism.

**Methodology**

The main construction of the study is based on the five categories of information that allow us to assess the contents, usability, and reliability of websites developed by Maifredi et al. [20]. The five categories are namely: 1) “Hospital Information and Facilities”, 2) “Admission and Medical Services”, 3) “Interactive Online Services”, 4) “External Activities”, and 5) “Technical Items”. Further, the study adopts 38 items for these 5 categories constructed by Moghavvemi et al. [14]. This has enabled us to agree that these items include the information needed by medical tourists to make necessary health decisions as seen in table 1. All the categories 1, 2, 3, 4, and 5 reports “reliability” whereas categories 1, 2, and 4 speak of “content” and, 3, and 5 about “usability”.

This study is mainly a cross-sectional study and it aims to investigate the websites for their content through a content analysis method. This was conducted between March and May in 2020. This study intends only to focus on what is present and absent on the hospital website and not on the exploratory experience of medical tourists. The sampling method used is a purposive sampling method and the list of hospitals is drawn from the portals. The JCI accredited hospitals’ sample was taken from the website of Joint Commission International and in India there are 34 JCI accredited hospitals, located in various cities of the country, but at the point of the study, 2 hospitals were excluded due to lack of official hospital websites. The second group is NABH accredited hospitals. The list of hospitals is obtained from the official website of NABH, and the last group is non-accredited hospitals which are obtained from the Sehat website. The listing of hospitals is made on basis of 1:1:1 ratio, meaning for every 1 JCI accredited hospital in that specific state or city, 1 NABH accredited, and 1 non-accredited hospital is accorded from the same state or city. Since 2 JCI accredited hospitals’ websites were not available, the total sums up to 32 JCI accredited hospitals, 32 NABH accredited hospitals, and 32 non-accredited hospitals that sum up to 96 hospital websites from India (Appendix I).

A preliminary study was conducted for testing the codebook with 20 random samples of hospital websites. Two raters have coded the websites separately based on constructs designed. Dichotomous coding was used to evaluate the websites based on the absence (0) or presence (1) of the codebook items. Inter-coder reliability was checked using Cohen’s Kappa test which resulted in an average of 0.87 indicating good agreement between the raters. After coding all the hospital websites, each website’s evaluation score, and its percentage was calculated. Then aggregate evaluation scores of the websites were calculated and analyzed across 3 groups of hospitals to find differences and similarities amongst them.

The Kruskal-Wallis H test and the Mann-Whitney U tests were performed to investigate the differences in the distribution of the scores calculated between and within the hospital categories. The distribution of the scores and p-value was calculated for each item for the three categories of the hospital. P-value was also calculated to assess the difference between the website contents of the hospitals having NABH and JCI accreditation. All the analyses were conducted using SPSS statistical software package version 20.

**Results and Discussion**

In total 96 hospitals’ websites endorsing destination tourism in India were evaluated for their contents. Average evaluation score of the website analysis of JCI accredited hospitals, NABH accredited and non-accredited hospitals are 30, 29, and 25, respectively. A mean website evaluation score percentage for all the five categories of contents are calculated and shown in table 1. JCI accredited hospitals scored better with an average total score of 70.7 percent among the three groups of hospitals in all the five categories of website contents. Whereas the average total score of NABH accredited hospitals is 68.4 and of the non-accredited hospitals is 59.7. However, in the “External activity” category NABH accredited hospitals scored the highest. Indeed, there is a significant difference between the accreditation type and status of hospitals and the contents on the hospital websites promoting medical tourism in all the categories with p values less than 0.05 except for the “technical items”. However, among the accredited hospitals three is a significant difference between the website contents of JCI and NABH accredited hospitals except for two categories such as ‘External activities’ and ‘Technical items’.

Table 1: Mean website evaluation scores for categories of hospitals

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name of the category | No. of items | Mean percentage of scores | | | *P\** value | *P\*\** value  JCI vs NABH accredited hospitals |
| Non-accredited hospitals (N=32) | NABH accredited hospitals (N=32) | JCI accredited hospitals (N=32) |
| Hospital information and facilities | 15 | 71.5 | 82.1 | 85.7 | <0.001 | 0.018 |
| Admissions and medical services | 10 | 72.3 | 85.4 | 90.1 | <0.001 | 0.006 |
| Interactive online services | 5 | 68.2 | 80.8 | 82.0 | <0.001 | 0.009 |
| External activities | 3 | 23.7 | 34.7 | 32.3 | 0.018 | 0.736 |
| Technical items | 5 | 62.6 | 58.8 | 63.2 | 0.267 | 0.275 |
| All items | 38 | 59.7 | 68.4 | 70.7 | <0.001 | 0.007 |

\*Kruskal –Wallis test; \*\* Mann-Whitney U test

A descriptive analysis of item by item for each category of codebook are given table 2, 3, 4, 5, and 6. The percentage of hospital websites containing or not containing the single item in the codebook for all the five categories was assessed for each group of the hospital and are discussed below in detail.

*Hospital Information and facilities*

The study finds significant differences in the mean percentage scores across the category of hospitals as shown in table 2. One such difference is the information of getting to the hospital, be it ground transportation arrangements (78%), entry visa assistance (63%) and/or partnerships with travel agents or hotels (81%), is found to be lacking in websites of non- accredited hospitals than JCI and NABH accredited hospitals. The percentage of hospitals mentioning patient’s rights and responsibilities and obligations is less than 50%. JCI accredited hospitals are way too probable to consider accommodation and arrange for the same both within (84%) and outside (88%) of the hospital than NABH accredited hospitals (78% and 84% respectively) and non-accredited hospitals counterparts (47% and 81% respectively). Countries are diverse in origin and languages. Therefore, hospitals must consider catering to international patients by providing interpretation services in hospitals.

Table 2: Results by category of hospitals for ‘Hospital Information and facilities’ section

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| S No. | Items | Mean percentage of scores | | | *P\** value | *P\*\** value  JCI vs NABH accredited hospitals |
| Non-accredited hospitals (N=32) | NABH accredited hospitals (N=32) | JCI accredited hospitals (N=32) |
| 1 | Hospital contact information | 100% | 100% | 100% | 0.133 | 0.154 |
| 2 | Hospital statement of purpose | 97% | 100% | 94% | 0.137 | 0.041 |
| 3 | Photos or videos featuring the hospital facilities and technology | 100% | 91% | 97% | 0.427 | 0.336 |
| 4 | Getting to the hospital: Ground transportation arrangements | 78% | 91% | 81% | <0.001 | 0.316 |
| 5 | Getting to the hospital: Travel arrangements/bookings | 88% | 84% | 88% | <0.001 | 0.056 |
| 6 | Getting to the hospital: Entry visa assistance | 63% | 81% | 84% | <0.001 | 0.041 |
| 7 | Getting to the hospital: Partnerships with travel agents or hotels | 81% | 88% | 91% | <0.001 | 0.013 |
| 8 | Patient privacy information | 56% | 78% | 81% | <0.001 | 0.638 |
| 9 | Patient's rights and obligations | 34% | 44% | 66% | 0.003 | 0.132 |
| 10 | Patient feedback | 84% | 100% | 94% | <0.001 | 0.975 |
| 11 | On-site language interpretation services | 53% | 75% | 84% | <0.001 | 0.023 |
| 12 | Food arrangements speciﬁc to international patients | 41% | 63% | 69% | <0.001 | 0.192 |
| 13 | On-site pharmacy and prescription assistance | 69% | 75% | 84% | 0.392 | 0.285 |
| 14 | On-site facilities for patients' companions | 47% | 78% | 84% | 0.001 | 0.423 |
| 15 | Off-site accommodation arrangements for patients' companions and outpatients | 81% | 84% | 88% | <0.001 | 0.157 |

\*Kruskal –Wallis test; \*\* Mann-Whitney U test

*Admissions and Medical Services*

It is seen by what means all hospitals display information about their areas of excellence, medical specialties along with medical staff profiles. However, the three groups of hospitals differ variably comparative to information provided on estimated costs, payment details, foreign currency exchange, and post-discharge arrangements as shown in table 3. There is a significant difference across the hospital category except for three items in this codebook section. JCI accredited hospitals (88%) are explicit about providing billing information on the website in comparison to NABH and non-accredited hospitals (72% and 53% respectively). Information about estimated cost is less likely provided on non-accredited hospitals’ websites (59%).

Table 3: Results by category of hospitals for ‘Admissions and medical services’ section

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| S No. | Items | Mean percentage of scores | | | *P\** value | *P\*\** value  JCI vs NABH accredited hospitals |
| Non-accredited hospitals (N=32) | NABH accredited hospitals (N=32) | JCI accredited hospitals (N=32) |
| 1 | Estimated costs | 59% | 88% | 91% | 0.033 | 0.528 |
| 2 | Billing information | 53% | 72% | 88% | 0.017 | 0.228 |
| 3 | Health insurance accepted | 91% | 100% | 97% | 0.001 | 0.594 |
| 4 | Payment information and facilities | 63% | 94% | 91% | 0.014 | 0.331 |
| 5 | Foreign currency exchange information and facilities | 44% | 56% | 72% | <0.001 | 0.024 |
| 6 | Inpatient accommodation | 66% | 81% | 84% | 0.083 | 0.604 |
| 7 | Medical specialties/areas of excellence | 100% | 100% | 100% | 0.930 | 0.924 |
| 8 | Medical staff descriptions | 100% | 100% | 100% | 0.790 | 0.986 |
| 9 | Appointment booking | 81% | 100% | 94% | <0.001 | 0.440 |
| 10 | Post-discharge arrangements | 66% | 63% | 84% | <0.001 | 0.002 |

\*Kruskal –Wallis test; \*\* Mann-Whitney U test

*Interactive online services*

In this study, the table 4 shows evident difference across the three hospital categories. However, it is seen that most hospitals lack interactive tools for online communication or enquires. Interactive tools can be live chats as well as email inquiries. The live chats are more attractive and provide real-time information for any queries asked by the medical tourists. JCI accredited hospitals (75%) are better compared to NABH accredited (66%) and non-accredited (41%) hospitals. It is observed that all three types of hospitals in India lack the option of availability of medical records via the internet.

Table 4: Results by category of hospitals for ‘Interactive online services’ section

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| S No. | Items | Mean percentage of scores | | | *P\** value | *P\*\** value  JCI vs NABH accredited hospitals |
| Non-accredited hospitals (N=32) | NABH accredited hospitals (N=32) | JCI accredited hospitals (N=32) |
| 1 | Interactive tools for online enquiries | 41% | 66% | 75% | <0.001 | 0.016 |
| 2 | Pre-admission consultations at a distance | 81% | 88% | 88% | <0.001 | 0.066 |
| 3 | Medical records available via the Internet | 31% | 50% | 56% | 0.001 | 0.988 |
| 4 | Links to online forums for patient feedback and social networking | 94% | 100% | 97% | 0.005 | 0.336 |
| 5 | Links to additional online venues for information generated by or about the hospital | 94% | 100% | 94% | <0.001 | 0.950 |

\*Kruskal –Wallis test; \*\* Mann-Whitney U test

*External Activities*

It is seen in the study that JCI accredited hospitals (72%) are likely mention about health care joint ventures, overseas referral to other hospitals or international affiliations than NABH accredited (66%) hospitals, and non-accredited hospitals (56%) is at least having joint ventures or hospital branches as shown in table 5. In this study, it was proved that all three types of hospitals lack referral services for overseas physicians or even updating the referred doctors about the ongoing treatment of the patients. However, JCI accredited (9%), NABH accredited (13%) hospitals, and non-accredited hospitals (9%) provide information about informing the referred doctor or referral services for international physicians. Hospitals providing links to relevant agencies or about tourist attractions show non-medical affiliations. A limited number of hospitals provide links to the agencies or tourism sectors, which is more likely provided by NABH accredited (25%) and JCI accredited (16%), non-accredited hospitals (6%) give significantly less information or link about tourist attractions on their websites.

Table 5: Results by category of hospitals for ‘External activities’ section

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| S No. | Items | Mean percentage of scores | | | *P\** value | *P\*\** value  JCI vs NABH accredited hospitals |
| Non-accredited hospitals (N=32) | NABH accredited hospitals (N=32) | JCI accredited hospitals (N=32) |
| 1 | Healthcare joint ventures, international afﬁliations and overseas referral networks with other hospitals | 56% | 66% | 72% | 0.075 | 0.992 |
| 2 | Referral services for international physicians | 9% | 13% | 9% | 0.357 | 0.943 |
| 3 | Links to relevant agencies/tourist attractions | 6% | 25% | 16% | 0.277 | 0.722 |

\*Kruskal –Wallis test; \*\* Mann-Whitney U test

*Technical items*

It is seen that all hospitals dynamically maintain the websites without any broken links, but they do not go the extra mile in catering for web usage for sensorial disabled people. However, few hospitals have the option of minimizing or maximizing the content on their websites making it feasible for people with eyes issues such as myopia or hyperopia, one hospital has music playing in the background whereas another hospital has the option of changing the color of the website background catering to colorblind people. These features are seen in JCI, NABH accredited and non-accredited hospitals (3%, 6%, and 6% respectively) as given in table 6. The ability to translate the content in alternative languages makes the medical tourist understand the content more precisely and reliable. JCI accredited hospitals (50%) are more likely to provide alternative language options than its counterparts.

Table 6: Results by category of hospitals for ‘Technical items’ section

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| S No. | Items | Mean percentage of scores | | | *P\** value | *P\*\** value  JCI vs NABH accredited hospitals |
| Non-accredited hospitals (N=32) | NABH accredited hospitals (N=32) | JCI accredited hospitals (N=32) |
| 1 | Site map present | 94% | 88% | 94% | 0.493 | 0.722 |
| 2 | Site-wide search tool present | 91% | 84% | 88% | 0.932 | 0.992 |
| 3 | Availability of alternative language options for the website | 34% | 22% | 50% | 0.121 | 0.051 |
| 4 | Website accessibility for people with sensorial disabilities | 6% | 6% | 3% | 0.379 | 0.167 |
| 5 | Live (no broken) web links | 88% | 94% | 81% | 0.168 | 0.244 |

\*Kruskal –Wallis test; \*\* Mann-Whitney U test

It was seen that hospitals that are JCI accredited facilitate awareness about their expertise and services that they offer to the internet users. Hospitals provide information about their certifications and accreditations. Access to information about physician’s qualifications and degrees has a great impact on medical tourist’s decisions on choosing the hospital [21]. A study conducted in Kuala Lumpur on international inpatients in Malaysian private hospitals found that the first important concern was the quality of healthcare providers such as doctors and nurses, followed by hospital services, facilities, and atmosphere [22]. Not all, but very few hospitals’ websites gave importance to what happens when a patient leaves the country post-treatment, whether they will be followed up by the treated doctor or not. The study conducted in Canada on the hospitals found that 52.9% of their websites had information about treatment follow-up [23]. Hospital medical tourism websites must provide methods of contact such as telecommunication, telephone fax, or email as it is believed that the medical tourism industry must be operational for communication for 24 hours 7 days a week [24].

Providing an interactive platform on websites will boost recognition and increases conversion rates [25]. In a study conducted in Iran about their public and private hospital websites, it was found that websites have the least accessibility to people with disabilities (7%) and in our study, it is even lesser, with only a score of 5%. Likewise, the option of translating the websites’ content to a foreign language was about 15% in the Iranian hospitals’ websites and our result for Indian hospitals’ websites was computed to 35% [15]. Providing the option of translation of content to foreign language supports a wider reach of website users to stay for an extended duration and devote considerably more time on websites [26]. While designing a website, an appointment scheduling tool must be well-thought-out for website visitors. Scheduling appointments online has shown a reduction in waiting time and hence improves patient satisfaction [27]. India’s competitive advantage over other medical destinations is that high standard treatments are offered at a competitive price. Mentioning the estimated cost or price of the treatment on websites will help gain potential medical tourists.

**Conclusion**

Websites serve as a virtual gateway that helps people decide to choose their health destination with a low price yet high-quality services. Medical tourism in India offers advanced technology cardiac, dental, orthopedic, and cosmetic surgical services and, also traditional systems of medicine. Mentioning value-added services such as yoga, physiotherapy, recreational program, etc. will help in differentiating themselves from their competitors. Informative online marketing using an online forum like YouTube, Twitter, and Facebook can reach a huge population, thereby creating awareness about the services and treatments available. Articles and videos related to the latest cutting-edge technology and advanced equipment used in hospitals, available on the website will gain the confidence of medical tourists. In Canada, the companies or hospitals promoting medical tourism have attracted medical tourists by publishing information about tourist attractions and medical services provided on the websites along with their social networks. [28] To increase the brand image, hospitals in India need to link up with foreign institutes to provide potential health tourists. For instance, the Apollo Group has international associations with many hospitals in Mauritius, Yemen, Bangladesh, and Tanzania, in addition to that, it also has a hospital in Sri Lanka and Dubai. In this study, it was noted that half of the hospitals have half and less than half items considered for content analysis as per the 5 categories of the medical tourism website checklist. It is essentially important to improve in the areas that are greatly uninformative on websites that are needed for promoting medical tourism.

However, as this study has used purposive sampling in choosing the hospital website the results cannot be generalized to all the hospitals. The numbers are governed by limited hospitals catering to medical tourism provides information that is required by medical tourists. Few hospitals considered for the study were observed to be a chain of hospitals rather than individual hospitals (e.g., Apollo Hospitals) and some of them have a common website for their chain of hospitals. Secondly, this study relies on what is present and not present on the websites of the hospitals and does not anticipate looking at health tourists’ experience with the websites. Hence, future studies could be conducted to analyze the impact of website content on health tourists’ decision-making behavior. Future researchers can take this study as a baseline and can conduct research that reveal more insights about the association between accreditation status and hospital website contents that promote medical tourism.

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